



**APPLICATION FOR  
MUNICIPAL SETTING DESIGNATION (MSD)**

MSD applications are submitted to:  
**Community Development and Planning**  
101 West Abram Street ★ Arlington, Texas 76010  
(Phone) 817-459-6502  
[PlanningDevelopment@arlingtontx.gov](mailto:PlanningDevelopment@arlingtontx.gov)

**Date of Application:** \_\_\_\_\_

**Site Address(es):** \_\_\_\_\_

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**APPLICANT INFORMATION**

**Applicant Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Licensed Professional Preparing the Application:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of License Held: \_\_\_\_\_

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**PROPERTY OWNER INFORMATION**

**Property Owner Name(s):** \_\_\_\_\_

Corporation /  Partnership

**Company Agent to Receive Notice:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**FOR MULTIPLE OWNERS OR APPLICANTS; ATTACH ADDITIONAL PAGE(S) TO THIS APPLICATION.**



## MUNICIPAL SETTING DESIGNATION APPLICATION CHECKLIST (per Ord. No. 06-089):

**Applicant must submit three (3) complete copies of the following at the time of filing this application. Submit two printed copies and one electronic copy (CD or Flash Drive). Exhibits shall be labeled and saved individually on the electronic copies.**

- Exhibit A:** Identification of the person(s) responsible for the groundwater contamination, if known.
- Exhibit B:** Statement as to whether a public drinking water supply system exists that satisfies the requirements of Texas Health and Safety Code Chapter 341 and supplies, or is capable of supplying, drinking water to the area for which the MSD is sought, to include property within one-half mile of the proposed MSD.
- Exhibit C:** Description of groundwater to be restricted, including:
  - o The identified Chemical(s) of Concern (COC) therein and their levels, as known to the applicant.
  - o The vertical and horizontal extent of the contamination.
  - o The identified groundwater contamination off-site that originates from the proposed MSD, OR a statement as to whether contamination more likely than not exceeds a residential assessment level off-site and the basis for that statement.
- Exhibit D:** A drawing where the COC plume is in relation to surface property lines.
- Exhibit E:** A site map, drawn to scale, including a *metes and bounds description* of the proposed MSD area, the boundary of the proposed MSD area, the location of groundwater on the proposed MSD area, and the extent of groundwater contamination to the limits that it has been defined. The map shall include a statement by a professional land surveyor registered by the Texas Board of Professional Surveying attesting to the accuracy of the metes and bounds description.
- Exhibit F:** A listing of:
  - a. All state registered private water wells within five (5) miles from the boundary of the area for which the designation is sought, including a notation of those wells that are used for potable water purposes (if known), and a statement as to whether the application has provided the owners with notice as provided in Texas Health and Safety Code Section 361.805.
  - b. Each retail public utility, as that term is defined in the Texas Water Code, that owns or operates a groundwater supply well located not more than five (5) miles from the proposed MSD, and a statement as to whether the applicant has provided the retail public utilities with notice as provided in Texas Health and Safety Code Section 361.805.
  - c. Each municipality, other than the City of Arlington, with a boundary located not more than one-half (1/2) mile from the area for which the MSD is sought; or that owns or operates a groundwater supply well located not more than five (5) miles from the area for which the MSD is sought; and a statement as to whether the application has provided the municipalities with notice as provided in Texas Health and Safety Code Section 361.805.
  - d. All property owners within 200 feet of the proposed MSD area.
- Exhibit G (if applicable):** Any other information that the Director deems pertinent.
- All applications shall be accompanied by:**
  - a. A set of printed mailing labels with the names and addresses of persons listed in Exhibit F above.
  - b. An electronic file of the names and addresses of persons listed in Exhibit F, in a format acceptable to the Director and compatible with City information systems.
  - c. A nonrefundable application \$1,000 fee.

AN APPLICANT MAY WITHDRAW AN APPLICATION ONLY IN WRITING BY LETTER SENT CERTIFIED MAIL, RETURN RECEIPT REQUESTED, TO THE DIRECTOR, AND SHALL FORFEIT APPLICATION FEES. IF PUBLIC NOTICE IS NOT ISSUED PRIOR TO THE RECEIPT OF THE LETTER, THE APPLICANT MAY REAPPLY AT ANY TIME. IF PUBLIC NOTICE WAS ISSUED, A NEW APPLICATION IS SUBJECT TO THE LIMITATIONS OF SECTION 11.09 OF THE ORDINANCE.